

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

09/478977

FILING DATE

1/6/01

APPLICANT(S)

Pharm. Corp.

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5	/	/				
6		/				
7		/				
8		/				
9		/				
10		/				
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43		/				
44		/				
45		/				
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47		/				
48		/				
49		/				
50		/				
TOTAL IND.	1					
TOTAL DEP.	58					
TOTAL CLAIMS	59					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
55		/				
56		/				
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90		/				
91		/				
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93		/				
94		/				
95		/				
96		/				
97		/				
98		/				
99		/				
100		/				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						